



Kansas Department of Health and Environment

Adult Care Home Program

FACT SHEET

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INFLUENZA AND PNEUMOCOCCAL VACCINATIONS

The following is an article prepared by the Health Care Financing Administration on the need for immunization of Medicare beneficiaries for influenza and pneumonia. Nursing facilities and assisted living facilities/residential health care facilities are encouraged to contact their local health departments concerning immunization of their residents.

The flu season is here! Please remember to promote influenza and pneumococcal vaccinations, both Medicare Part B covered health care benefits. These vaccines greatly reduce hospital admissions for pneumonia and deaths due to complications from influenza. Research shows that a provider's recommendation appears to be a strong motivator for a patient to get vaccinated. Research also shows that systems-oriented, provider and beneficiary interventions, or a combination of all three, work in promoting these two vaccinations.

Standing orders are one example of a system-oriented intervention that a hospital-based long term care unit, nursing home, or assisted living/residential health care facility can use to increase immunization rates. Missed opportunities can often result in a beneficiary being readmitted to a hospital for influenza and related illnesses, like pneumonia. Unfortunately, missed vaccination opportunities occur in all settings. Systems-oriented interventions, like standing orders, are one way of reducing missed opportunities.

Please remember that while influenza immunizations are seasonal and should be given every year in the fall, pneumococcal vaccinations can be given at any time of the year. Generally, one pneumococcal vaccination after the age of 65 is all that a person needs to protect himself/herself for a lifetime. However, persons who are considered at highest risk, like persons with chronic illnesses, like diabetes, and cardiovascular or pulmonary disease, and people with compromised immune systems, like chronic renal failure, should ask their doctor if a booster pneumococcal vaccination is necessary. If any person 65 and over is unsure of his/her pneumococcal vaccination status, revaccination is recommended and will be covered by Medicare Part B.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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Nursing facilities should contact their Medicare fiscal intermediary for brochures and posters free-of-charge to display in your facilities to promote both influenza and pneumococcal vaccinations. To request these materials or for instructions on how to bill Medicare for influenza and pneumococcal vaccinations, please call your fiscal intermediary. Assisted living and residential health care facilities should contact their local health departments. Thank you for your help in bringing this important preventive health care benefit to Medicare beneficiaries.

EMPLOYEE HEALTH SCREENS

KAR 28-39-163(h)(3) for licensed nursing facilities and KAR 28-39-28-249 for assisted living/residential health care facilities requires that each employee receive a health screening not later than seven days after employment. It is strongly recommended that facilities obtain information concerning the immunization history of each employee. Recently an eighty-four year old resident in a nursing facility contracted chicken pox. The source case for the infection was believed to be a resident who had herpes zoster (shingles). The facility did not have immunization records for residents or employees. Therefore, it took much time and effort to identify individuals who were at risk from exposure to the resident.

RESIDENT ASSESSMENT INSTRUMENT UPDATE

SEMINARS: One-day seminars on how to complete the new MDS 2.0 will be provided by the Kansas Health Care Association on November 12 in Wichita and November 18 in Lawrence. Brochures will be mailed first to facilities whose staff were unable to attend the trainings provided in the spring. Staff from KDHE will assist with these workshops. The Kansas Association of Homes and Services for the Aging and the Kansas Hospital Association have informed the department that they are planning additional MDS trainings. Please contact the associations for additional information: Kansas Health Care Association - (785) 267-6003; Kansas Association of Homes and Services for the Aging - (785) 233-7443; Kansas Hospital Association (785) 233-7436.

EDIT CHECKS: A large number of facilities have experienced difficulty transmitting the MDS 2.0 to Myers and Stauffer due to data entry errors. All vendors who have indicated to the department that they are providing MDS 2.0 software to Kansas facilities have been contacted about this problem. The data dictionary provided by Myers and Stauffer to all vendors of record contained edit check requirements. Unfortunately, edit checks were not included in the software distributed by some software vendors. The proposed Health Care Financing Administration regulations for submission of the MDS 2.0 to the states places the responsibility on the facility for submitting accurate data. If software contains the required HCFA and state edit checks, facilities should not experience a "fatal error" and infrequently receive an error report.

Please note that many of the problems identified by nursing facility staff were addressed in the July issue of the *Fact Sheet*. Unfortunately, many staff reported to the bureau that they had not received copies of the *Fact Sheet*. (The *Fact Sheet* is addressed to the administrator and mailed to the facility or LTU in a hospital.) It is essential that systems be in place in each facility to ensure that all staff responsible for the MDS receive a copy of the *Fact Sheet*. It is costly to facilities to have staff redo their work due to lack of available information.

MEDICARE PROSPECTIVE PAYMENT SYSTEM: The budget bill signed by the President in August included the requirement that HCFA develop a prospective payment system for Medicare skilled nursing facilities. This change will affect Medicare certified long term care units in hospitals and in free standing certified skilled nursing facilities. Implementation of the prospective payment system for an individual facility will be based on their fiscal year end date beginning July 1, 1998. Facilities will be required to electronically submit MDS forms to the state according to a schedule developed by HCFA. Facilities must also be able to calculate the RUGs III category for each Medicare recipient in order to bill for the resident's stay. HCFA will provide software vendors with the logic to develop computer programs to generate the resident specific RUGs categories. A provider manual is being developed by HCFA staff for certified skilled nursing facilities participating in the Skilled Nursing Facility program.

Hospitals in the swing bed program which participate in Medicare will be phased into the prospective payment program over a three year period. Therefore, hospitals with Medicare certified swing beds will be required to be able to encode the MDS form electronically and submit the data to the state of Kansas.

The department will work in cooperation with the Kansas Hospital Association, the Kansas Health Care Association and the Kansas Association of Homes and Services for the Aging in preparing providers for this significant change. Facilities should contact their associations for additional information.

QUALITY INDICATORS: HCFA announced in September that the quality indicators developed by the University of Wisconsin will be used as part of the data available to surveyors prior to a survey. The final determination as to which of the thirty indicators tested in the Case Mix Demonstration will be used has not been decided. The logic for the indicators will be made available to software vendors so that facilities will be able to have this information to use in their quality assurance programs.

OPERATOR REQUIREMENTS FOR ASSISTED LIVING/RESIDENTIAL HEALTH CARE FACILITIES: When an operator is employed by an assisted living/residential health care facility, a home plus or an adult day care facility, the facility is required to send a letter indicating the employment of this individual. A copy of the letter or certificate received by the individual following completion of the operator course must be attached to the letter. Each time there is a change in operator, the facility is required to notify the bureau promptly. KAR 28-39-145(f)

FACT SHEET ON THE INTERNET

The bureau is in the process of preparing the *Fact Sheet* for inclusion on the Kansas Department of Health and Environment Internet site. The entire *Fact Sheet* from January 1994 to the present will be available. Selected articles which remain current will be available from 1990 through 1993. Facilities and individuals will be able to access this site with their own computers or at a public library with Internet access. The *Fact Sheet* will continue to be mailed to licensed adult care homes and long term care units in hospitals. However, beginning in 1998, individual subscriptions will no longer be available. Hopefully, this technology will increase the availability of this information to facility staff and to the public.

NEW REGULATION INTERPRETATIONS

Enclosed with this *Fact Sheet* are two new regulation interpretations, 97-5, which deals with thickened liquids, and 97-6, which deals with a physician order for feeding residents with an oral syringe. Also enclosed is an updated table of contents. Be sure to replace your old table of contents and insert the new interpretations.

CREDENTIALING UPDATE

APPLICATIONS FOR NEW HEALTH OCCUPATIONS - Art Therapists and Radiologic Technologists have submitted letters of intent to the Secretary of Health and Environment in keeping with requirements outlined in the Kansas Credentialing Act. Both groups have received formal approval to apply for consideration under the Act. Representatives of the art therapists expect to submit a final application in the next few weeks, while representatives of the radiologic technologists are anticipating application shortly after January of 1998. Technical committee members are needed to serve in the capacity of reviewers and analysts for the state. Committee members must adhere to specific criteria outlined in the state's statutes. If you know of someone or are interested in serving as a member of the Credentialing Act technical review committee for 1997, please immediately contact Lesa Bray, (785) 296-1281 for further nomination information.

WORKING AS A MEDICATION AIDE - Upon further consideration, the information published in the July 1997 Adult Care Home Fact Sheet regarding proof of CMA certification has been updated. A CMA who has completed the initial training course or the update course must provide a copy of the CMA certificate to a facility before being employed as a CMA. The July 97 *Fact Sheet* indicated that either a certificate or a confirmation notice after completing a recertification course would enable the CMA to work.

CERTIFIED NURSE AIDE (CNA), HOME HEALTH AIDE (HHA) - The course and instructor applications have been extensively revised and distributed. As of August 1, 1997, applications submitted on the old versions are being returned with

a request to complete a current application.

EFFICIENCY STEP - Effective October 1, 1997, Health Occupations Credentialing will no longer require the identification slip by candidates in order to be admitted to the CNA or HHA test site. Instead, each candidate must present two forms of identification, one of which must be a picture identification. Eliminating the identification slip means that the candidate will no longer be turned away due to having lost or forgotten to bring the slip to the test site. This should cut down on the number of candidates needing to reschedule each month. Instructors are sent the scheduling notice and are responsible for providing this information to their student/candidates.

LICENSE VERIFICATION FEE - In this mobile society, licensees (adult care home administrators, dietitians, and speech language pathologists/audiologists) often request that Health Occupations Credentialing (HOC) complete certain verification of licensure forms in order to obtain a license in other states. If you wish to have verification made by this section, a request form must be completed along with a \$10.00 fee which covers the documentation, staff time and mailing costs associated with completing the verification. Eventually, automation may make this unnecessary as efforts are being considered in allowing public access of specific information from the Kansas Department of Health and Environment's Internet source. The current manual process requires the request form and payment of the \$10.00 fee by money order, certified, cashier's or company check. Unfortunately, credit cards are not accepted at this time.

HEALTH OCCUPATIONS CREDENTIALING ON THE INTERNET - For those of you who have access to the Internet, HOC has a web site in final development, www.ink.org/public/kdhe/bacc/hocu.html. While many forms have been uploaded, plans are to continue uploading forms, instructions, annual test schedule for CNA/HHA certification tests, policies, question and answer topic pages, current edition of the Health Occupations Credentialing UPDATE newsletter, and other information as is deemed useful. Users will be able to access and download documents (using web browser). Look for more information to come in the next *Fact Sheet*.

ADULT CARE HOME AND HOME HEALTH AGENCY REQUIRED CRIMINAL BACKGROUND CHECKS - As a result of passage of House Bill 2278 during the 1997 legislative session, the Health Occupations Credentialing unit within the Bureau of Adult and Child Care will be responsible for conducting and processing criminal background checks of employees in adult care homes and home health agencies. The prohibition on employing persons with specified criminal records goes into effect beginning July 1, 1998. Currently, a general administrative plan has been developed, with recommendations from technical support within the department. The plan calls for establishing a method of voluntary reporting within a limited geographic area, targeting adult care homes. The Wichita area has been selected as the first area. Considerable work needs to be done before the department will be able to receive and process requests. As soon as the process becomes fully developed, more information will be available.

RESOURCES FOR QUALITY CARE

Websites with information pertinent to long term care:

- ◆ Department of Veterans Affairs Medical Center, Minneapolis, Minnesota has series of pamphlets on dementia related diseases which can be downloaded. Included are Special Care Problems: Aggressive and Violent Behavior and Special Problems: Inappropriate Sexual Behavior:

<http://www.med-amsa.bu.edu/Alzheimer/aaggrssv.htm>
<http://www.med-amsa.bu.edu/Alzheimer/sexual.htm>

- ◆ Health Care Financing Administration:

<http://www.hcfa.gov/provider>
<http://www.hcfa.gov/Medicare>

- ◆ American Health Information Management Association:

<http://www.ahima.org>

- ◆ Agency for Health Care Policy and Research Information of clinical care guidelines. Excellent information on pressure ulcer prevention and treatment:

<http://nih.gov/ahcpr>

- ◆ Kansas Department of Health and Environment:

<http://www.ink.org/public/kdhe/>

- ◆ Designing for Alzheimer's Disease: Strategies for Creating Better Care Environments by Elizabeth Brawley is an excellent resource for facility staff and architects who are building or remodeling spaces to serve residents with dementia. This book includes basic information for architects on the disease process and an individual's responses to the disease. The importance of the sensory environment including lighting, color and pattern and texture are discussed. Special attention is paid to developing special care settings which are home like and therapeutic. This book is available by ordering through a local bookstore. The IBSN number is 0-471-13920-3. The publisher is John Wiley & Sons.
- ◆ Tray Service - Results of a waste stream analysis indicated that the tray service method of food service generated more food waste by weight than family-style service or wait-staff service. Changing the style of service can affect not only quantity of solid waste generated and associated disposal costs, but also food and supply costs, meal acceptability, and quantity of natural resources required. J Am Diet Assoc. 1997. Hakes, B., Shanklin, C., Taeheek, Su A.; 97:879-882.
- ◆ Nutrition and Immunity in the Elderly: Modification of Immune Responses with nutritional Treatments - Nutrition has a strong influence on the immune system of the elderly. Nutritional therapy may improve immune responses of elderly patients with protein-energy malnutrition. Nutritional deficiency must be treated in the elderly to reduce infectious risk and possibly slow the aging process. *American Journal of Clinical Nutrition*, 1997. Lesourd, B.M.; 66:478S-84S.
- ◆ 1997 Food Code - The Public Health Service has published a revised Food Code. Federal and state regulations reference the 1997 Food Code. The Food Code was also revised in 1993 and 1995. Facilities may purchase the new Food Code to ensure that practices reflect current standards. U. S. Department of Commerce, Technology Administration, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161 (703) 487-4650, refer to report number PB97-133656 or NTIS -<http://www.ntis.gov>.
- ◆ *Quality Care in the Nursing Home* by John Morris et al, addresses common medical and functional problems of nursing home residents. The book would be a good resource for the interdisciplinary care planning team. Subjects from polypharmacy to cognitive loss to advanced directives are covered. Morris, J. et al (1997) *Quality Care in the Nursing Home*. Mosby Lifeline ISBN 0-8-151-4222-6. This book should be available through the inter-library loan program.

ANE ISSUE STATISTICS 7/1/97 to 9/15/97
Complaint Calls Assigned for Investigation

ANE Investigations

Total 424

July 151

Aug 140

Sept 69

Care Issues Investigated

Total 336

July 108

Aug 128

Sept 51

Alleged CNA/CMA Perpetrators - Administrative Review

Total Cases

Reviewed

35

Admon. Ltr

25

Pending

2

Proceeding

8

*Licensure Category	Civil Penalties				Correction Orders			
	1997 Quarters							
	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th
Inadequate or inappropriate hygiene and skin care	9	8			52	41		
Inadequate or unqualified staffing	12	21			48	48		
Inoperable or inaccessible call system	-	-			1	0		
Inappropriate or unauthorized use of restraints	2	-			16	8		
Unsafe medication administration or storage	4	2			16	12		
Inadequate nursing services other skin care	12	9			65	61		
Inadequate or inappropriate asepsis technique	4	1			8	6		
Inadequate or inappropriate dietary/nutritional services	-	1			6	5		
Unsafe storage or hazardous or toxic substances	-	-			4	0		
Failure to maintain equipment	3	5			19	15		
Resident right violations	8	3			43	31		
Unsafe high water temperature	-	-			5	1		
Inadequate hot water	-	-			-	0		
General sanitation and safety	9	2			35	20		
Other (including inappropriate admission)	-	1			14	13		
Inadequate rehabilitation services	-	-			-	-		
Civil Penalties	44	32						
Correction Orders					125	128		
Bans on Admission	4	8						
Denials	2	1						

*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.